State of California—Health and Human Services Agency
Department of Health Services

California Department of Health Services
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Director

Governor

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TO: California Vaccines for Children (VFC) Program Provider

FROM: Howard Backer, M.D., M.P.H. Chief, Immunization Branch

SUBJECT: VFC Covers Second Dose of Varicella

This memo is divided into sections to enable you to quickly access the information you need:



## SUMMARY

The federal Advisory Committee on Immunization Practices (ACIP) recently voted to recommend that two doses of vaccine against varicella (chickenpox) be provided to all susceptible children over 12 months of age. The major benefit of administering a second dose is to provide protection to the 15-20 percent of children who might not respond adequately to the first dose. The California Department of Health Services (CDHS) endorses these recommendations.

Effective June 29, 2006, the VFC program now covers both the first and second dose of varicella-containing vaccine, administered either as

- Single-antigen varicella vaccine (VZV; Varivax®) or
- Combined measles, mumps, rubella, and varicella vaccine (MMRV; Proquad®)

## RECOMMENDATIONS FOR VACCINE USE

### Eligible Groups for receipt of second dose varicella

VFC supplies of varicella may be given to children aged 12 months to 18 years.

### Dosing Schedule

All children who do not have evidence of immunity to varicella should have two doses:

- The minimum age for the first dose is 12 months and is routinely recommended at 12-15 months.
- A second dose is routinely recommended at 4-6years.
- MMRV is currently licensed only from 12 months to 12 years of age. VZV is licensed for persons 12 months of age and older.
- MMRV should only be administered when both vaccines are indicated unless MMR or VZV is not available at the time the dose is indicated.

The minimum interval between the first and second dose is three months. However, if a second dose was administered at least 28 days following the first dose, the dose can be counted.

### Storage and Administration

The storage and administration of all live virus vaccines is important. We recommend storage of all live injectable virus vaccines (MMR, MMRV, Varicella) in the freezer at temperatures of **5ºF or below** to prevent damaging the varicella containing vaccines through inadvertent refrigeration. MMR, MMRV, and Varicella vaccines should be administered subcutaneously (SC) promptly after reconstitution with the packaged diluent. MMRV and Varicella vaccines not administered within 30 minutes of reconstitution should be discarded. Because of the unique freezer requirements for MMRV and Varicella vaccines, delivery of the product to the end-user is done by the manufacturer. Redistribution and transfer of these vaccines between facilities is strongly discouraged.

## CONTRAINDICATIONS

- Prior anaphylactic reaction to the vaccines or any of their constituents (e.g. gelatin or neomycin).

Altered immune status, including malignancy, immunodeficiency, or immunosuppressive therapy.

- Steroids: Receipt of systemic prednisone or equivalent medication at a dose of > 2 mg/kg of body weight per day or 20 mg/day.
    - Exception: HIV infection: **Single-antigen varicella vaccine could** be considered for HIV-infected children with CD4+ T-lymphocyte percentage ≥15%. **MMRV should not** be administered to HIV-infected children.
- Blood products: VZV or MMRV vaccine should not be given for at least five months after receipt of most blood products except washed red blood cells. IG and VZIG should not be administered for three weeks after vaccination unless the benefits exceed those of vaccination.
- Pregnancy: Pregnant women should not be vaccinated. Women who are vaccinated should be advised to avoid becoming pregnant for one month following each injection.
- Active tuberculosis: Vaccination with varicella is not recommended for persons who have untreated, active tuberculosis. Tuberculin skin testing is not required before vaccination with VZV or MMRV.

**PRECAUTIONS**

- Salicylates, including aspirin: If feasible, vaccine recipients should avoid using salicylates for six weeks after receiving varicella virus vaccine. Vaccination with subsequent close monitoring should be considered for children who have conditions requiring therapeutic aspirin.
- Contact with immunocompromised persons: Vaccinees in whom vaccine-related rash develops, particularly health care workers and household contacts of immunocompromised persons, should avoid contact with those at high risk of serious complications due to a minimal risk of transmission of vaccine virus.
- Acute illness: Persons with moderate or severe fever should be vaccinated as soon as they have recovered from the acute phase of the illness. Varicella vaccine can be administered to persons with minor illness, such as diarrhea, mild upper respiratory tract infection, or other illnesses with low grade fever.

**VARICELLA IMMUNITY**

Revised ACIP criteria for evidence of immunity to varicella include any of the following:

- Documentation of age-appropriate vaccination:
    - Preschool-aged children aged ≥ 12 months: 1 dose
    - School-aged children, adolescents and adults: 2 doses[1].
- Laboratory evidence of immunity or laboratory confirmation of disease[2].
- Born in the U.S. before 1980[3].

- A health care provider diagnosis of varicella or verification of history of varicella disease[4].
- History of herpes zoster based on health care provider diagnosis.

[1] For children who have received their first dose before age 13 years and the interval between the two doses was at least 28 days, the second dose is considered valid.
[2] Commercial assays can be used to assess disease-induced immunity, but they lack sensitivity to always detect vaccine-induced immunity (may yield false negative results).
[3] For healthcare workers and pregnant women, birth before 1980 should not be considered evidence of immunity.
[4] Verification of history or diagnosis of typical disease can be done by any healthcare provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician). For persons reporting a history of or presenting with atypical and/or mild cases, assessment by a physician or their designee is recommended and either one of the following should be sought: a) an epidemiologic link to a typical varicella case or b) evidence of laboratory confirmation, if it was performed at the time of acute disease. When such documentation is lacking, persons should not be considered as having a valid history of disease, because other diseases may mimic mild atypical varicella.

## ORDERING AND BILLING

### How to order

VFC Providers may order varicella-containing vaccines using the attached order form. (DHS 8501 (6/06).

Remember to complete all the boxes in the four columns of the order form, even if you are only ordering varicella-containing vaccines (Varicella or MMR-V combined vaccine). Always keep a copy of your submitted order form for your office files. Please be aware that during the introductory phase of newly recommended vaccines, orders may be adjusted or reduced.

### Billing Information

Child Health and Disability Program (CHDP): Claims may be submitted for second doses of varicella-containing vaccines, administered to children 12 months through 12 years of age, on or after June 29, 2006.

The CHDP administration fee for varicella is $9.00 using CHDP code **46**. The code for MMRV is **74**. However, providers should wait until notified by CHDP to submit claims. CHDP Provider Information Notices can be found at http://www.dhs.ca.gov/pcfh/cms/onlinearchive/chdppl.htm.

The CPT code for varicella is 90716 and the CPT code for MMRV is 90710.

**DOCUMENTATION**

- Varicella vaccine product label: http://www.fda.gov/Cber/products/varmer071206.htm
- MMRV vaccine product label: http://www.fda.gov/Cber/products/mmrvmer090605.htm
- National VFC Program resolutions: http://www.cdc.gov/nip/vfc/acip_vfc_resolutions.htm
- ACIP Provisional Recommendations for Varicella: http://www.cdc.gov/nip/vaccine/varicella/varicella_acip_recs_prov_june_2006.pdf

Enclosures

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